

Testimony of Andrea Orsey, MD, MSCE, Division of Hematology and Oncology, Connecticut Children's Medical Center to the Appropriations Committee regarding the Department of Social Services Budget for Fiscal Years 2014-2015 February 14, 2014

Senator Bye, Representative Walker, members of the Appropriations Committee, thank you for the opportunity to speak with you today. I am Dr. Andrea Orsey, and I am a pediatric oncologist at Connecticut Children's Medical Center. I am here today representing the pediatric physicians who strive each day to provide the best possible health care services to the children of our region.

Connecticut Children's primary concern in the state budget is Medicaid. This year, our Medicaid costs will exceed State payments by \$ 50 million. This shortfall represents 17% of our overall expected payments and it puts at risk the care we provide to all children, HUSKY or not. Connecticut Children's and Medicaid have a unique relationship. With more than half of our inpatient care and nearly two-thirds of our emergency care devoted to children who rely on HUSKY, Connecticut Children's has by far the highest Medicaid percentage of any Connecticut hospital. During the economic downturn, those percentages have increased significantly as children have switched from private coverage to Medicaid.

At Connecticut Children's, nothing is more important than a child's health. That's why all of the healthcare professionals at Connecticut Children's chose to become part of the only hospital in the region dedicated exclusively to children. As a center for vital research, a pioneer in new treatments, a trailblazer in advanced technology, and a teacher of future pediatric professionals, Connecticut Children's is advancing the health and wellness of all of our children, and fostering a healthier future for our state.

Our new vision is to make children in Connecticut the healthiest in the nation. Community child health is highlighted as one of the six primary pillars of Connecticut Children's strategic plan. Some might suggest that focusing on keeping children healthy is illogical for a children's hospital with inpatient beds to fill. However, promoting each child's optimal healthy development is not only the right thing to do for children and families, its emphasis on cross-sector collaboration and efficiency makes strategic sense in the context of national health reform.

Connecticut Children's researchers brought in nearly \$16 million in federal and private research dollars last year, contributing to the viability of the State's emerging bioscience corridor. As a pediatric oncologist, I divide my time with patients between our Clinical

Care Center for Cancer and Blood Disorders and on our inpatient units. I also conduct clinical research evaluating physical activity, fatigue, sleep and quality of life of pediatric oncology patients.

All of Connecticut's children benefit when they have access to these critical services. The State needs to find a permanent solution to Connecticut Children's Medicaid funding problem to make sure those benefits are always there for my children and yours.

My colleagues in Connecticut Children's Emergency Department have particular concerns about children in behavioral health crisis; low Medicaid reimbursement exacerbates these challenges. In 2013, our Emergency Department cared for almost 2,500 children and adolescents in behavioral health crisis. This number has increased steadily for years, having nearly quadrupled since 2000 when only 652 children in psychiatric crisis presented for care.

Once they are medically cleared, some of these children are transferred to the CARES unit on the Institute of Living campus, but far too many have to spend one or more nights in our ED awaiting an available inpatient bed at another facility. Housing these patients in the same unit as children who arrive with medical emergencies presents a potential security issue for patients, families and our staff, so we also assign "sitters" to watch each behavioral health patient and assign dedicated security officers to the unit. All told, Connecticut Children's Medicaid expenses for these children exceed our payments from the State by about \$3 million annually.

These losses represent only a portion of our ongoing concerns with Medicaid funding. Low payments are also part of the problem. In 2013, the State paid Connecticut Children's only 69 cents for every dollar we spent on care for patients who rely on Medicaid.

All children should have the health care they need to grow and lead healthy productive lives. It is critically important for the State to recognize and provide coverage for those uninsured children who are often at highest risk. The State must pay safety net providers like Connecticut Children's adequately in order to ensure access to care.

Thank you.